

STATE OF NEW HAMPSHIRE - INSURANCE DEPARTMENT  
56 Old Suncook Road, Concord, NH 03301-5151

Company Name \_\_\_\_\_

Address \_\_\_\_\_

State of Incorporation/entry \_\_\_\_\_ NAIC Group Code \_\_\_\_\_ NAIC Company Code \_\_\_\_\_

PREMIUM TAX RETURN  
OCEAN MARINE ONLY  
For the year ending December 31, 20\_\_\_\_

RATIOS

Premiums (Net as to Return  
Premiums and Re-insurance)

1. Business written within the United States during the calendar year 20\_\_\_\_ \$ \_\_\_\_\_
2. Add.....20\_\_\_\_ \$ \_\_\_\_\_
3. Add.....20\_\_\_\_ \$ \_\_\_\_\_
4. Total for 3-year period..... \$ \_\_\_\_\_
5. Average (1/3 of item 4)..... \$ \_\_\_\_\_
6. Business written in the State of NH during.....20\_\_\_\_ \$ \_\_\_\_\_
7. Add.....20\_\_\_\_ \$ \_\_\_\_\_
8. Add.....20\_\_\_\_ \$ \_\_\_\_\_
9. Total for 3-year period..... \$ \_\_\_\_\_
10. Average (1/3 of item 9)..... \$ \_\_\_\_\_
11. Ratio of the average of NH State marine premiums to the average of United States marine premiums (Item 10 divided by Item 5)..... %

CALCULATION OF TAX

Underwriting Profit

12. For year ending Dec. 31,.....20\_\_\_\_ \$ \_\_\_\_\_
13. For year ending Dec. 31,.....20\_\_\_\_ \$ \_\_\_\_\_
14. For year ending Dec. 31,.....20\_\_\_\_ \$ \_\_\_\_\_
15. Total for 3-year period ..... \$ \_\_\_\_\_
16. Average (1/3 of item 15) ..... \$ \_\_\_\_\_
17. Ratio of the average of NH State marine premiums to the average of United States marine premiums (Item 11, ratios) ..... %
18. Amount taxable (apply item 17 to item 16) ..... \$ \_\_\_\_\_
19. Tax of 5% ..... \$ \_\_\_\_\_
20. If State of Domicile tax formula produces greater tax, enter here \$ \_\_\_\_\_

RETALIATORY PROVISION - NH Revised Statutes Annotated 400A:33

If State of Domicile tax formula produces greater tax than shown in item 19 above, show complete computation on reverse and enter amount of tax as item 20 above.

County of \_\_\_\_\_

S.S.

State of \_\_\_\_\_

\_\_\_\_\_  
President or U.S. Manager

\_\_\_\_\_  
Secretary

Personally appeared before me \_\_\_\_\_, President/U.S. Manager, and

\_\_\_\_\_, Secretary, above-named, and made oath that the foregoing return by them subscribed is true.

\_\_\_\_\_  
Notary Public

INSTRUCTIONS

This blank must be executed and filed with the Insurance commissioner **on or before May first**. Make checks payable to: **NH Insurance Dept.**